

# **A Descriptive Study of the Head Start Health Component**

## **Volume II: Technical Report**

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# TABLE OF CONTENTS

## Executive Summary

1.0	Introduction	1-1
1.1	Research Questions	1-3
1.2	Study Overview	1-5
1.3	Organization of the Report	1-6
2.0	Historical Context of the Health Component	2-1
2.1	Functions and Organization of the Head Start Health Component	2-3
2.2	Barriers to Health Care for Head Start Children and Families	2-8
2.3	Current Health Context for the Head Start Program	2-13
2.4	Head Start Program Growth and Quality	2-17
3.0	Methodology	3-1
3.1	Overview	3-1
3.2	Description of Head Start Universe	3-1
3.3	The Sampling Plan	3-4
3.3.1	First Stage Sample: Selection of Programs	3-4
3.3.2	Second Stage Sample: Selection of Centers Within Programs	3-6
3.3.3	Third Stage Sample: Selection of Individual Children	3-7
3.3.4	Sample Design	3-8
3.4	Description of Study Sample	3-10
3.4.1	Head Start Children and Parents	3-10
3.4.2	Head Start Staff	3-15
3.5	Data Collection Instruments	3-15
3.5.1	Data Sources	3-15
3.5.2	Instrument Development	3-16
3.6	Staffing	3-18
3.7	Data Collection Procedures	3-19
3.7.1	Recruitment of Participants	3-19
3.7.2	Data Collection	3-19
3.7.3	Confidentiality	3-20
3.8	Record-Keeping Issues	3-20
3.9	Data Analysis	3-21
4.0	Program Staffing and Staff Qualifications	4-1
4.1	Overview	4-1
4.2	Findings	4-1
4.2.1	Program Staffing	4-2

4.2.2	Staff Qualifications .....	4-10
4.2.3	Staff Certification and Training .....	4-17
4.3	Summary .....	4-21
5.0	Program Procedures and Linkages with the Community .....	5-1
5.1	Overview .....	5-1
5.1.1	Community-Based Services .....	5-2
5.1.2	Barriers to Care .....	5-3
5.2	Findings .....	5-4
5.2.1	Community Resources .....	5-4
5.2.2	Staff Activities with Community Providers .....	5-8
5.2.3	Child Health Files .....	5-12
5.2.4	Health Screening and Examination Procedures .....	5-13
5.2.5	Treatment Procedures .....	5-14
5.2.6	Barriers to Care .....	5-15
5.2.7	Perceived Community Health Risk Factors .....	5-19
5.3	Summary .....	5-22
6.0	Health Education .....	6-1
6.1	Overview .....	6-1
6.2	Findings .....	6-3
6.2.1	Health Education Provided to Children .....	6-3
6.2.2	Health Education Provided to Parents .....	6-11
6.3	Summary .....	6-14
7.0	Immunizations .....	7-1
7.1	Overview .....	7-1
7.2	Findings .....	7-6
7.2.1	Head Start Child Health Records .....	7-6
7.2.2	Parent-Provided Immunization Records .....	7-9
7.2.3	Health Coordinators' Knowledge of Immunization Requirements ....	7-12
7.3	Summary .....	7-15
8.0	The Medical Health Domain .....	8-1
8.1	Overview .....	8-1
8.2	Findings .....	8-4
8.2.1	Staff Reports of Perceived Health Problems .....	8-4
8.2.2	Health Histories and Child Health Files .....	8-6
8.2.3	Timing and Methods of Completing Physical Examinations .....	8-7
8.2.4	Medical Conditions and Injuries .....	8-11
8.2.5	Findings From the Health Assessments .....	8-20
8.2.6	Medical Treatments .....	8-24
8.3	Summary .....	8-28

9.0 The Dental Health Domain .....	9-1
9.1 Overview .....	9-1
9.2 Findings .....	9-4
9.2.1 Timing and Methods of Completing Dental Examinations .....	9-4
9.2.2 Dental Conditions .....	9-7
9.2.3 Dental Treatments in the Study Sample .....	9-9
9.3 Summary .....	9-12
10.0 The Mental Health Domain .....	10-1
10.1 Overview .....	10-1
10.2 Findings .....	10-5
10.2.1 Issues Encountered While Studying the Mental Health Domain .....	10-5
10.2.2 Staffing the Mental Health Domain .....	10-7
10.2.3 Perceived Mental Health Problems .....	10-8
10.2.4 Screenings and Assessments .....	10-9
10.2.5 Conditions .....	10-14
10.2.6 Treatments .....	10-15
10.3 Summary .....	10-18
11.0 The Nutrition Domain .....	11-1
11.1 Overview .....	11-1
11.2 Findings .....	11-3
11.2.1 Screenings .....	11-3
11.2.2 Conditions .....	11-3
11.2.3 General Status .....	11-5
11.2.4 Treatments .....	11-6
11.2.5 Head Start Meals .....	11-7
11.3 Summary .....	11-9
12.0 Summary and Recommendations .....	12-1
12.1 Overview .....	12-1
12.1.1 Study Background .....	12-2
12.1.2 Study Procedures .....	12-3
12.2 A Review of the Key Study Findings .....	12-4
12.2.1 What Are the Qualifications of the Health Component Staff? .....	12-4
12.2.2 What Kinds of Training Do the Health Component Staff Receive? ..	12-5
12.2.3 What Are the Primary Community Health Risk Factors Faced by Head Start Programs? .....	12-5
12.2.4 How Does Head Start Provide or Access Health Services for Children and Their Families? .....	12-5
12.2.5 What Health Services Are Provided at Head Start Centers? .....	12-6
12.2.6 What Are the Community Resources That Are Used Most by	

Head Start Programs? . . . . .	12-7
12.2.7 How Do Other Federal and State Programs Play a Role in the Health Component? . . . . .	12-8
12.2.8 How Are the Costs of Health Services Covered? . . . . .	12-8
12.2.9 What Are the Barriers to Obtaining Health Services for Head Start Children? . . . . .	12-9
12.2.10 How Does Head Start Incorporate Health Education into the Program? . . . . .	12-9
12.2.11 How Successful Is Head Start in Encouraging Parents to Get Their Children Immunized? . . . . .	12-10
12.2.12 What Are the Primary Medical Health Problems of Head Start Children? . . . . .	12-11
12.2.13 What Are the Primary Dental Health Problems of Head Start Children? . . . . .	12-13
12.2.14 How Does the Health Component Integrate Mental Health Services? . . . . .	12-13
12.2.15 What Is the Nutritional Status of Head Start Children? . . . . .	12-15
12.3 Strengths and Limitations . . . . .	12-15
12.4 Implications for Head Start Program Practices . . . . .	12-17
12.4.1 Staff Training and Support . . . . .	12-17
12.4.2 Immunizations Records and Knowledge . . . . .	12-18
12.4.3 Mental Health Issues . . . . .	12-18
12.4.4 Treatment Follow-Up . . . . .	12-19
12.4.5 Record Keeping . . . . .	12-20
12.4.6 Collaboration Activities . . . . .	12-20
12.5 Recommendations for Future Research . . . . .	12-21
12.6 Conclusions . . . . .	12-22

## References

## LIST OF EXHIBITS

Exhibit 1-1	Research Questions for the Descriptive Study of the Head Start Health Component .....	1-4
Exhibit 2-1	Head Start Program Performance Standards: Health Care Services Provided to Children Under the Health Component .....	2-4
Exhibit 2-2	Forces Impacting the Health/Health Care of a Head Start Child .....	2-10
Exhibit 3-1	Summary of Head Start Program Characteristics From the PIR* Data .....	3-2
Exhibit 3-2	Distributions of All Head Start Programs, Enrollment of 4-Year-Olds, and Study Programs Across 16 Sampling Strata .....	3-5
Exhibit 3-3	Estimated Precision Levels for National, Regional, and Urban-Rural Data .....	3-9
Exhibit 3-4	States Visited During Data Collection Data .....	3-11
Exhibit 3-5	Demographic Data From the Parent Interviews and Reviews of Child Health Files .....	3-13
Exhibit 3-6	Household Descriptions From the Parent Interviews .....	3-14
Exhibit 4-1	Program Staffing of the Health Component .....	4-3
Exhibit 4-2	Percentage of Health Component Staff Reporting Multiple Roles by Program Enrollment .....	4-6
Exhibit 4-3	Percentage of Health Coordinators Reporting Multiple Roles by the Number of Centers for Which They are Responsible .....	4-7
Exhibit 4-4	Percentage of Health Component Staff Performing Specific Numbers of Staff Roles .....	4-8
Exhibit 4-5	Staff With Multiple Roles: Percentages Reporting Activities Performed in Other Roles .....	4-9
Exhibit 4-6	Highest Level of Education as Reported by Staff .....	4-12
Exhibit 4-7	Percentage of Health Component Staff Reporting Bachelor or Nursing Degrees (or Higher) by Program Enrollment .....	4-13
Exhibit 4-8	Percentage of Health Component Staff Reporting Bachelor or Nursing Degrees (or Higher) by Type of Sponsoring Agency .....	4-14
Exhibit 4-9	Percentage of Health Component Staff With or Without Bachelor or Nursing Degrees (or Higher) Reporting Multiple Roles .....	4-16
Exhibit 4-10	Percentage of Staff Holding Selected Certificates and/or Licenses .....	4-18
Exhibit 4-11	Percentage of Health Coordinators Receiving Training on Selected Health Topics .....	4-20
Exhibit 5-1	Payment Sources for Health Services as Reported by the Parents .....	5-5
Exhibit 5-2	Year of Enrollment in Medicaid/EPSDT as Reported by Parents .....	5-6
Exhibit 5-3	Reasons Why Child is not Currently Enrolled in Medicaid/EPSDT as	

	Reported by Parents . . . . .	5-7
Exhibit 5-4	Responsibilities Relative to Community Collaborations as Reported by Staff . . . . .	5-8
Exhibit 5-5	Sources of Examination Staff Used for Physical Examinations and Specific Screening Tests Provided Through Head Start as Reported by the Health Coordinators . . . . .	5-11
Exhibit 5-6	Types of Treatment Available On-Site at Head Start Centers as Reported by the Health Coordinators . . . . .	5-15
Exhibit 5-7	Specific Community Barriers to Care That Occur Frequently or Always Within Programs as Reported by Staff . . . . .	5-17
Exhibit 5-8	Specific Personal Barriers to Care That Occur Frequently or Always Within Programs as Reported by Staff . . . . .	5-18
Exhibit 5-9	Specific Community Health Risk Factors as Reported by Staff . . . . .	5-20
Exhibit 6-1	Health Topics Frequently or Always Addressed in the Classroom Curriculum as Reported by the Health Coordinators . . . . .	6-4
Exhibit 6-2	Mental Health Topics Frequently or Always Addressed in the Classroom Curriculum as Reported by the Mental Health Coordinators . . . . .	6-4
Exhibit 6-3	Health-Related Activities Included in Children's Educational Programs as Reported by the Health Coordinators . . . . .	6-6
Exhibit 6-4	Nutrition-Related Activities Included in Children's Educational Programs as Reported by the Nutrition Coordinators . . . . .	6-6
Exhibit 6-5	Topics of Parent-Child Discussions on Health-Related Activities at Head Start as Reported by the Parents . . . . .	6-7
Exhibit 6-6	Areas of Health Behavioral Changes Since Enrolling in Head Start as Reported by the Parents . . . . .	6-8
Exhibit 6-7	Activities Children Were Observed Participating in Around Meal Time/Snack Time . . . . .	6-10
Exhibit 6-8	Topics for Activities and Educational Information Presented by Head Start as Reported by the Parents . . . . .	6-12
Exhibit 6-9	Parent Education Topics as Reported by Staff . . . . .	6-13
Exhibit 7-1	Incidence of Vaccine-Preventable Diseases in the United States in 1993-94 (Children Under 5 Years of Age) . . . . .	7-2
Exhibit 7-2	Summary of Immunization Requirements for 4-Year-Old Children . . . . .	7-3
Exhibit 7-3	Prices of Vaccines to Fully Vaccinate a Child in 1995 . . . . .	7-5
Exhibit 7-4	Percentage of Fully Immunized Children Across Three Databases . . . . .	7-7
Exhibit 7-5	Percentage of 4-Year-Old Children with DPT, OPV, MMR, and Hib Immunizations as Noted in the Child Health Records . . . . .	7-8
Exhibit 7-6	Percentage of Fully Immunized* 4-Year-Old Children By Urbanicity and Geographic Location of the Program . . . . .	7-10



Exhibit 7-7	Percentage of Children Fully Immunized as Noted in the Parent Records and the Child Health Records . . . . .	7-11
Exhibit 7-8	Percentage of 4-Year-Old Children with 5 DPT and 4 OPV Immunizations as Reported on the Parent's Immunization Records and in the Child Health Records. . . . .	7-12
Exhibit 7-9	DPT and OPV Immunization Requirements for 4-Year-Old Children as Reported by the Health Coordinators . . . . .	7-13
Exhibit 8-1	The Most Serious Health Conditions as Reported by the Health Coordinators and the Center Directors . . . . .	8-6
Exhibit 8-2	Physical Examination Dates Relative to July 1993 . . . . .	8-8
Exhibit 8-3	Parent Reports of Where Physical Examinations Were Conducted . . . . .	8-9
Exhibit 8-4	Specific Screening Tests and Their Inclusion in the Physical Examination as Reported by Health Coordinators . . . . .	8-10
Exhibit 8-5	The Most Reported Health Conditions From Parent Interviews and the Child Health Files . . . . .	8-14
Exhibit 8-6	The Most Reported Health Conditions for 4-Year-Old Children From the National Health Interview Survey (1991) . . . . .	8-16
Exhibit 8-7	The Most Reported Health Conditions from the Child Health Files: a Comparison of Pre- and Post- Head Start Enrollment* . . . . .	8-18
Exhibit 8-8	Types of Serious Injuries as Noted in the Parent Interviews and Child Health Files . . . . .	8-19
Exhibit 8-9	Results From Assessments During Physical Examinations as Noted in the Child Health Files . . . . .	8-21
Exhibit 8-10	Findings Reported in the Child Health Files: Tuberculin, Sickle Cell, Urinalysis, and Ova and Parasites . . . . .	8-24
Exhibit 8-11	Status of Treatments for Conditions Noted During Health Screenings and Examinations as Identified in the Parent Interviews . . . . .	8-26
Exhibit 8-12	Status of Treatments for Conditions Noted During Health Screenings and Examinations From the Child Health File . . . . .	8-27
Exhibit 9-1	Dental Examination Dates Relative to July 1993 . . . . .	9-5
Exhibit 9-2	Parent Reports of Where Dental Examinations Were Conducted . . . . .	9-6
Exhibit 9-3	Treatments for Conditions Noted During Dental Examinations as Reported by the Parents . . . . .	9-10
Exhibit 9-4	The Status of Dental Treatments as Reported by Parents . . . . .	9-11
Exhibit 9-5	Dental Treatment Needs Indicated in the Child Health Files . . . . .	9-11
Exhibit 10-1	The Most Serious Mental Health Conditions as Reported by the Mental Health Coordinators . . . . .	10-8
Exhibit 10-2	Screening Methods or Instruments Used in the Developmental Assessments as Noted in the Child Health Records . . . . .	10-10

Exhibit 10-3	Mental Health Services Frequently or Always Provided by Programs as Reported by the Mental Health Coordinators . . . . .	10-12
Exhibit 10-4	Treatments for Conditions Noted During Developmental Assessments or Mental Health Screenings as Reported by Parents . . . . .	10-16
Exhibit 10-5	The Status of Mental Health Treatments as Reported by Parents . . . . .	10-17
Exhibit 11-1	Screening Tests and Their Inclusion in the Physical Examination as Reported by the Health Coordinators . . . . .	11-4
Exhibit 11-2	Nutrition Referrals Noted in the Child Health Files . . . . .	11-5
Exhibit 11-3	Findings From Screening Tests Reported in the Child Health Files: Hematocrit and Hemoglobin . . . . .	11-6

## LIST OF ABBREVIATIONS

Abbreviation	Unabbreviated Term
AAP	American Academy of Pediatrics
ACF	Administration for Children and Families
ACIP	Advisory Committee on Immunization Practices
ACYF	Administration on Children, Youth, and Families
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AIDS	Acquired Immunodeficiency Syndrome
AOA	American Orthopsychiatric Association
CAA	Community Action Agency
CACFP	Child and Adult Care Food Program
CDA	Child Development Associate
CDC	Centers for Disease Control and Prevention
CDF	Children's Defense Fund
CDM	The CDM Group, Inc.
CPR	Cardiopulmonary Resuscitation
DBP	Diastolic Blood Pressure
DHHS	Department of Health and Human Services
DPT	Diphtheria, Pertussis, and Tetanus
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
FY	Fiscal Year
GAO	General Accounting Office
HepB	Hepatitis B
Hib	<i>haemophilus influenzae</i> type b
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization

HSAC	Health Services Advisory Committee
HSCOST	Head Start COST System
HSFIS	Head Start Family Information System
HSMTS	Head Start Management Tracking System
IM	Information Memorandum
LPN	Licensed Practical Nurse
MMR	Measles, Mumps, and Rubella
MMWR	Morbidity and Mortality Weekly Report
NCHS	National Center for Health Statistics
NHANES II	National Health and Nutrition Examination Survey Phase II
NHIS	National Health Interview Survey
OIG	Office of the Inspector General
OMB	Office of Management and Budget
OPV	Oral Polio Vaccine
OSPRI	On-Site Program Review Instrument
OTA	Office of Technology Assessment
PIR	Program Information Report
PNSS	Pediatric Nutrition Surveillance System
PPS	Probability Proportional to Size
RN	Registered Nurse
SBP	Systolic Blood Pressure
STD	Sexually Transmitted Disease
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
USDA	United States Department of Agriculture
WIC	Special Supplemental Food Program for Women, Infants and Children

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## **1.0 INTRODUCTION**

Founded in 1965, the Head Start program offers comprehensive services including early education, nutrition, health, and social services, along with a strong parent involvement focus, to low-income children nationwide. Its overall goal is to bring about a greater degree of social competence, which is defined as a child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life, taking into account the interrelatedness of cognitive, intellectual, and social development; physical and mental health; and nutritional needs.

Head Start programs are funded through a direct Federal-to-local relationship, and include a wide range of programs that are community based, so they can respond to local needs and coordinate activities with other community agencies. They are guided by a set of Program Performance Standards that specify requirements in each of the functional areas, including disabilities.

The Head Start Bureau within the Administration on Children, Youth and Families (ACYF) in the Administration for Children (ACF), U.S. Department of Health and Human Services, (DHHS) has responsibility for oversight and leadership of Head Start programs nationwide. It also funds special initiatives, and develops legislative and budget proposals for programs. Local ACYF oversight is provided by 12 Regional Offices, which conduct compliance reviews of local programs every three years.

During fiscal year 1994, the year in which study data for this report were collected, Head Start served an estimated 740,000 children and their families in almost 2,000 programs nationwide. The FY 1994 budget was \$3.3 billion (General Accounting Office, 1994).

In 1993, with an eye toward the future of Head Start, the Secretary of DHHS formed the Advisory Committee on Head Start Quality and Expansion. This Committee issued a

document, *Creating a 21st Century Head Start: Final Report of the Advisory Committee on Head Start Quality and Expansion* (1993), which contained a number of recommendations for Head Start as the program prepares for the next century. Among others, the report recommended improvements in Head Start staff training in order to increase the quality of the services provided, and expansions in the numbers of children served and the range of services provided to Head Start children and their families. This report also called for improving community partnerships to more effectively meet the needs of Head Start families in the areas of family support, health, and education. Finally, the Advisory Committee recommended strengthening Federal oversight of Head Start. The collection of reliable and valid baseline information on the Health Component can assist Federal staff in accurately identifying program needs.

Also in 1993, DHHS' Office of the Inspector General (OIG) focused attention on Head Start by issuing a report on the implementation of expansion funds entitled *Evaluating Head Start Expansion Through Performance Indicators* (OIG, 1993). This study covered many aspects of Head Start, including the Health Component. The policy analyses of the Advisory Committee and the OIG share at least one common conclusion: that additional baseline data from children's Head Start records, parent interviews, and staff interviews are needed to increase understanding of the health problems and service needs of Head Start children and their families.

The descriptive findings presented in this report are one step in a long-term research strategy to meet these program needs. They also provide data critical for implementing many of the Advisory Committee's recommendations. This study goes beyond the usual compilation of Head Start child health records and standard data from the Head Start Program Information Report (PIR). It includes interviews with Head Start parents about how the program helps them obtain health services for their families, and with Head Start staff about the operation of the Health Component. The study results are based upon reports from a nationally representative sample of 1,189 families with 4-year-old children enrolled in 40 Head



Start programs spread across the nation. This broad description of the Health Component is an important element of the Head Start Bureau's database on programs and children.

## **1.1 Research Questions**

The purpose of this study is to describe the Head Start Health Component across the four health domains: medical, dental, nutrition, and mental health. The program elements described include:

- Head Start staffing patterns and prior and ongoing staff training and experience related to the Health Component;
- Utilization of community resources in the provision of health services;
- Barriers to the provision of health services for Head Start families and programs;
- Current preventive health efforts provided for children and parents; and
- Current screening, examination, referral, treatment, and follow-up procedures employed in each health domain.

Based on these elements, a set of research questions was adapted from the Request for Proposal issued by ACYF for the study; these are shown in Exhibit 1-1.

## **Exhibit 1-1      Research Questions for the Descriptive Study of the Head Start Health Component**

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- What are the current procedures used by Head Start grantees to provide or obtain health screenings, examinations, immunizations, referrals and treatment services for enrolled children across the four health domains? How are these health services documented?
- What are the major health problems and risk factors present within the four health domains for children enrolling in Head Start? What are the major perceived health problems and perceived risk factors present within the four health domains for children and families enrolling in Head Start? How does the range and severity of health problems and service needs differ across Head Start programs and populations?
- How promptly are health screenings, examinations, immunization records (status and updates), referrals and treatment provided across the four health domains? What is the range of treatments which are indicated and provided? What follow-up mechanisms exist to document that referrals result in the provision of identified health services (including immunizations)?
- What are the Health Component staffing patterns? What are the staff credentials and training for each position. What are the institutional mechanisms (e.g., community clinics vs. individual professionals) for the provision of health services across the four health domains? What are the health service delivery models?
- What community resources have Head Start programs utilized to meet the health needs of children and their families across the four health domains? Do these patterns vary as a function of State Medicaid or Public Health guidelines?
- What amount of Head Start program funds are used to pay for health services?
- What barriers (e.g., transportation, limited availability of accessible health providers) do families and programs face in attempting to access community and State health services? Are there specific cultural factors (e.g., language) within the four health domains that serve as barriers to health care utilization?
- What health education efforts are directed towards children and parents?

## 1.2 Study Overview

The ACYF contracted with The CDM Group, Inc. (CDM) and its subcontractor Abt Associates, Inc. (Abt) to undertake this two-phase study. During **Phase I**, the research team designed the study, convened a Technical Advisory Panel, developed the necessary data collection instruments and plans, devised a study sample selection plan, and completed an Office of Management and Budget (OMB) clearance package. **Phase II** consisted of a pilot test, data collection, coding of the qualitative data, data analysis, and report preparation. The timeframe for data collection was April through June, 1994, assuring that all data would be collected before the children left Head Start to enter kindergarten.

The study design called for a sample of 40 Head Start programs. For each selected program, two centers were to be randomly chosen as target sites, for an expected total of 80 Head Start centers.<sup>1</sup> The goal of the research team was to interview program and center staff associated with the operation of the Health Component. At each center, an additional goal was to interview the parents of 15 randomly selected 4-year-old children and to review the Head Start health records for these children.

The research staff obtained information from nine primary data sources: Parents, Head Start child health records, meal observations at Head Start centers, Center Directors (or Lead Teachers), Health Coordinators, Mental Health Coordinators, Parent Involvement Coordinators, Nutrition Coordinators, and Budget Managers. The study was designed to take advantage of multiple sources of information regarding the health status of the children. In this way, the Head Start health records could be supplemented by parents' reports on the same information. Therefore, the data contained in this report can be compared with data

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<sup>1</sup> In practice, one of the programs selected was entirely home-based and one had only a single center. Other selected centers were too small to support the intended sample, so additional centers were selected for three programs. A final set of 81 centers participated in the study (see Chapter 3: Methodology).

from the PIR, and do not simply replicate the findings of the 1993 OIG study, which was based entirely on a review of Head Start health records.

The research team convened a Technical Advisory Panel consisting of five consultants across the four health domains, four representatives from relevant Federal agencies, staff from local Head Start centers, and a Head Start parent. During Phase I, the panel provided feedback on the sampling plan, the data collection instruments, and the data collection procedures. During Phase II, the panel reviewed the initial findings and made suggestions regarding the content and format of the final report.

### **1.3 Organization of the Report**

This report is organized into four volumes. Volume I contains the Executive Summary and a longer summary of the study findings from Volume II. Volume II is the heart of the report and provides an overview of the study, a discussion of the historical context for the Head Start Health Component and a detailed outline of the study methodology, including sampling and data collection methods. Volume II also includes eight chapters related to the study findings, along with the Executive Summary. The findings cover program-level data (e.g., program staffing and procedures) as well as child-level information (e.g., weighted and unweighted data on immunizations, health conditions, and health screenings, examinations, and treatments). The chapter structures of Volumes I and II are the same, facilitating the reader's ability to move easily to Volume II from Volume I when more detailed or technical information is desired.

Volume III presents a summary of the qualitative data not included in Volume II. The qualitative data include follow-up interviews with the research associates who supervised the individual site visits and the detailed information that was summarized in Volumes I and II. It also includes several categories of responses from Head Start staff and parents to open-ended

questions that are not summarized in the other volumes. Volume IV is the Appendices and contains the consent form, a summary of the relationship between the research questions and the data collection instruments, the data collection instruments, and an expanded literature review.



1.0 Introduction . . . . .	1-1
1.1 Research Questions . . . . .	1-3
1.2 Study Overview . . . . .	1-5
1.3 Organization of the Report . . . . .	1-6

Exhibit 1-1	Research Questions for the Descriptive Study of the Head Start Health Component . . . . .	1-4
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